				۷ھـــ	LAYANDEL COLL									
· · · · · · · · · · · · · · · · · · ·							Application or Docket Number							
PATENT APPLICATION FEE DETERMINATION RECO								09/973,458						
CLAIMS AS FILED - PART I								LLE	NTITY		OTHER	THAN	ł	
r==			(Column	1)	(Column 2)			TYPE		OR	OTHER THAN OR SMALL ENTITY		Ī	
TOTAL CLAIMS							R/	TE	FEE	1	RATE	FEE	1	
FOR			NUMBER FILED		NUMBER EXTRA		BAS	C FEI	355.00	OR	BASIC FEE	710.00		
TOTAL CHARGEABLE CLAIMS			minus 20=		. 55		XS	9=		OR	X\$18=	1	70	
INDEPENDENT CLAIMS			4 minus 3 =		. 4			X40=		1	X80=	W 0 =	10	
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT				<u> </u>		<del> </del>	OR	X60≡	16-QC	1	
• 11	the difference	in column 1 is	less than zero, enter "0" in			column 2	+135=			OR	+270=		١.	
CLAIMS AS AMENDED - PART II								TAL	L	OR	TOTAL	276	80	
	C	(Column 1)	AMENUED - PART () (Column 2)			(Column 3)	SM	ENTITY	OTHER THAN OR SMALL ENTITY					
V		CLAIMS REMAINING		HIGH	EST				ADDI-	1	SWALL			
<b>AMENDMENT</b>		AFTER AMENDMENT		PREVK PAID	DUSLY	PRESENT EXTRA	RA	TE	TIONAL		RATE	ADDI- TIONAL FEE		
	Total	. 35	Minus	2	_	- /	X\$	9=		OR	X\$18=	155		
AM	Independent	• 4	Minus	•••	<u>Y</u>	-/	X4	0=		OR	X80=			
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT		CLAIM	— <del>/</del>			<del>                                     </del>							
/							+13			OR	+270=			
	9-20-01							FEE	<u> </u>	OR	TOTAL ADDIT. FEE	]		
	(Column 1) (Column 2) (Column 3)												•	
AMENDMENT B	·	REMAINING AFTER		NUM PREVIO	BER	PRESENT EXTRA	RA	TΕ	ADDI- TIONAL		RATE	ADDI- TIONAL		
		AMENDMENT		PAID	FOR				FEE		HAIE	FEE		
	Total independent	95	Minus Minus	"0	5	-	X\$	9=		OR	X\$18=			
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT			CLAK	<u>r</u>	X44	)=		OR	X80=				
								5=		OR	+270=			
							ADDIT.	TAL		OR .	YOTAL			
		(Column 1)		(Colum		(Column 3)	reon.			,	VOOIT. FEE			
AMENDMENT C		CLAIMS REMAINING	P	HIGH		PRESENT			ADDI-	ſ		ADDI-		
		AFTER AMENDMENT	Ä	PREVIO		EXTRA	RAT	E	TIONAL FEE	ļ	RATE	TIONAL		
	Total	•	Minus	•• :		s ·	: X\$	)=		OR	X\$18=	FEE		
	Independent	•	Minus	***		•	X40	1						
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							_		OR	X80=			
If the entry in column 1 is less than the entry in column 2, write '0' in column 3.											·			
•••	li the "Highest Nu If the "Highest Nu	mber Previously Pa mber Previously Pa	ild For IN THIS aid For IN THIS	S SPACE IS S SPACE II	less than	1 20. enter "20."	ADDIT.			OR A	TOTAL DDIT. FEE			
	The Highest Num	ber Previously Pai	d For (Total or	Independe	nt) is the	highest number			ropriate box	in colu	mn 1.		•	

FORM PTO-875 (Rev. 8/00)